

*Integrated Performance
Monitoring Report
Sustainability Report
Performance Period October 2005-December 2005*

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STATE OF HAWAII
Department of Education
Department of Health
Child and Adolescent Mental Health Division
Early Intervention Section

Integrated Performance Monitoring Report

Department of Education

Department of Health

October 2005-December 2005

Introduction

This quarterly performance report reflects the continued commitment of the Departments of Health and Education to provide a comprehensive system of educational, behavioral and mental health supports and services to students who require those services to benefit from their educational opportunities. It provides information about the maintenance of the critical infrastructure and level of system performance for the second quarter of fiscal year 2006 (October 2005-December 2005). This report provides the most recent data available regarding services to youth with special needs in Hawaii.

The October 2005-December 2005 period marks half a year since the formal termination of federal court oversight for services for emotionally disabled students. The quarterly analysis and publication of trends regarding the population, services, and performance indicators is a key mechanism for tracking the provision and sustainability of service provision. It provides for recognition of system strengths, and early detection of signs of emerging issues.

Status of Key System Commitments

Over the past decade of service system development, key commitments have remained on the “front burner” because they represent the infrastructure and practices necessary for Hawaii to maintain an effective system of service delivery that reflects community values. These commitments are tracked and reported on in this report primarily through data presentation, including the tracking and interpretation of trends. Key findings for the reporting quarter are:

1. *The system will continue to hire and retain qualified teachers and other therapeutic personnel necessary to educate and serve children consistently.*

In the reporting period, the Department of Education allocated more than 2,092 special education teacher positions in the classrooms throughout the state. The infrastructure goal for qualified teachers was met. The Department maintains its continuous recruitment and hiring of qualified teachers to meet the ongoing needs for all schools and complexes across the State. The Department continues to deal with the challenge of filling all of the educational assistant positions needed in the classrooms. More than 80% of School-Based Behavioral Health services continue to be provided to students by employee-based personnel within the Department and the balance through contracted providers.

CAMHD provides care coordination for youth with intensive mental health challenges through its eight Family Guidance Centers (FGC), which includes the Family Court Liaison Branch serving incarcerated or detained youth. As well, CAMHD functions as the behavioral health plan for the population that is Medicaid eligible. The performance measures that track vacancies are showing that the length of time to fill positions in the FGCs is impacting the provision of case management services. This was the ninth consecutive quarter that the performance goal for filled care coordinator positions has not been met, and only one FGC met the goal this quarter. The statewide caseload averages are nearing the upper limit of the expected range of 15-20 youth per full time care coordinator, and three FGCs are over the expected range. As well, there were key clinical personnel vacancies in a number of the FGCs including two psychologist vacancies at the Family Court Liaison Branch (one vacant since July 2004, the other since January 2005), and Clinical Director vacancies in Kona (vacant since February 2005) and the Leeward FGC (recently vacated). Recruitment through the State personnel system has not resulted in timely filling of critical clinical positions. Filled positions in the central administrative offices were slightly below the performance benchmark this quarter reflecting some vacancies, however most critical positions have been filled.

2. *The system will continue to purchase the necessary services to provide for the treatment of children appropriate to the individual needs of the child.*

The Department of Education maintains 36 different contracts with private agencies to provide the following services: assessments, behavioral interventions, intensive services, psychiatric services, and intensive learning centers and schools. Also included are Community-Based Instruction Programs and ASD Programs and Services, on an as needed basis.

CAMHD released a request for proposals (RFP) for Comprehensive Behavioral Health Services for Children, Youth and Families in November. Services procured through the RFP will begin in July 2006. The Interagency Performance Standards and Practice Guidelines, which are a requirement for implementing services under the RFP, were updated in collaboration with the Department of Education and other stakeholder groups to reflect the state-of-the-art in best practices, evidence-based services, and most promising interventions for youth and families. The RFP is accessible on a link to the CAMHD website at <http://www.hawaii.gov/health/mental-health/camhd/news/index.html>. A welcome addition to the CAMHD service system within the next year will be the start-up of Multidimensional Treatment Foster Care, an evidence-based service that will provide a cost-effective alternative to regular foster care, group or residential treatment, and incarceration for youth who have problems with chronic disruptive behavior. The evidence of positive outcomes from this unique multi-modal treatment approach is compelling, and will provide an additional choice of treatment for families.

3. *The system will monitor itself through a continuous quality management process.*

The Department of Education maintains an Information Management system (Integrated Information Management System-ISPED) to monitor and sustain high levels of system performance. Key system performance indicators for this quarter

provided evidence of the system meeting the goals for timeliness, accessibility, and appropriateness of support and services.

Issues that the Department of Education continues to address are reducing the number of due process hearing requests and 100% acceptable internal monitoring reviews by all complexes.

CAMHD has an extensive Performance Management system that monitors performance at all levels and uses this information to make decisions about adjustments to its program. CAMHD has successfully used performance measures over a number of years to align organizational goals with achieving results in core areas of service provision and supporting infrastructure. Overall analysis of the data for the quarter suggests that, in general, CAMHD's functioning is roughly comparable to that of previous quarters except in the area of vacancies. Human resources, particularly hiring and retaining qualified mental health care coordinators, remains a challenge that requires ongoing attention to stability in this core infrastructure component. The total number of youth served continued to decline slightly this quarter largely reflecting a seasonal dip, but the total size of the CAMHD population is larger than it was a year ago. Service utilization trends for both Hospital and Community Residential service continued to decrease. Utilization of Therapeutic Foster Homes also decreased over last quarter, but increased over the same period last year. The proportion of youth enrolled in the QUEST behavioral health plan reached another all-time high for CAMHD consistent with CAMHD's efforts to maximize the use of federal funds.

The Interagency Quality Assurance system continued to be implemented statewide, with activities at the local and state levels. The Statewide QA Committee made some progress on implementing its initiatives designated at its annual retreat last summer. Key activities include the formulation of a memorandum of understanding regarding interagency quality assurance activities, definition of core QA data sets, monitoring of district-level QA practices, and a study of appropriateness of placement of youth in out-of-state treatment settings.

Internal Reviews conducted in the school complexes marked their fourth year of implementing an internally driven system for examining the performance of local service systems in providing services and supports for students with special needs. Twenty-two of the 41 complexes conducted their Internal Reviews during the second quarter of fiscal year 2006. In the quarter, 96% of the complexes conducting Internal Reviews achieved the desired goal for acceptable system performance. All twenty-two complexes met the performance goal for child status. One complex, Konawaena, did not meet the performance target. System performance for the Konawaena Complex was acceptable for 77% of the youth reviewed, which was short of meeting the goal of 85%. Core system issues in the complex revolved around inadequate identification and address of focal concerns, lack of a long-term guiding view by the service teams, untimely implementation of services, and unsuccessful transitions. The Konawaena Complex has developed an action plan that targets a number of strategies designed to enhance communications and cross-training between the Department of Education and the FGC. Careful monitoring of the implementation of activities, and more focused review of the system findings in the Internal Review by

the Complex Quality Assurance Committee is needed. Technical assistance for the FGC and the complex to improve team practices is under formulation.

Previous and current performance data for the Departments are available through Departmental websites: (<http://165.248.6.166/data/felix/index.htm> and <http://www.hawaii.gov/health/mental-health/camhd/index.html>).

4. *The system will ensure teachers, therapists, and other support staff continue their professional development and improve their skills and knowledge of effective educational and therapeutic methods and techniques.*

The Department of Education continued to conduct seminars and training for teachers in data collection and analysis, classroom management, and the referral process. Online courses continue to be offered statewide for teachers in a variety of subject areas to improve classroom instruction. Technical assistance by resource teachers were conducted with follow up observation and visits with special education and regular education teachers. Training for educational assistants continued to be offered this quarter to meet the requirements of the “No Child Left Behind” Act. For this quarter, 99% of the new teachers hired were trained on reading strategies for special needs students.

CAMHD’s Practice Development section continued to provide several on-going training programs this quarter, including a round of the six-day “Foundation Training” for Care Coordinators, and monthly, specialized consultation and training groups for providers. A major training event was held in December 2005 on the use of the “Child and Adolescent Functional Assessment Scale” (CAFAS). The CAFAS is an important tool used routinely to assess youth in the CAMHD system. The creator of the CAFAS, Dr. Kay Hodges, presented the training to a large audience that included CAMHD staff, and partners from DOE and other child-serving agencies in Hawaii.

Other highlights of this quarter included events related to CAMHD’s grant-funded initiative to minimize the use of seclusion and restraint in residential treatment facilities. Grant project staff convened the first meeting of a peer network of clinical leaders from contract agencies involved in providing residential care; they also began an on-site technical assistance intervention in two residential treatment programs, utilizing a mixed team of agency staff and CAMHD staff.

CAMHD also continued in its efforts to add well-established “packaged” evidence-based treatment programs to our service array and to maintain such programs with integrity. Introductory meetings about Multidimensional Treatment Foster Care (MTFC) were held on Oahu and the Big Island for CAMHD staff and other stakeholders. Contracts to establish MTFC in these two locations have been awarded, and services will be available this spring. In addition, CAMHD became an official “Network Partner” with Multisystemic Therapy Services (MST), thereby allowing dissemination of training and support materials and providing access for CAMHD staff to clinical and organizational technology from MST Services.

CAMHD invests considerable resources in developing therapeutic practices to more closely resemble the types of practices supported by scientific studies. According to CAMHD's Annual Evaluation findings for fiscal year 2005, over the year, little change was observed in the pattern of therapeutic practices reported by service providers. Compared to evidence-based service protocols, actual care included both evidence-based and non-evidence-based practices. However, CAMHD providers reported using a greater variety of practices and using practices that had received less frequent support in research studies. This finding was consistent across diagnostic problem areas. Thus, considerable opportunity remains to evolve therapeutic practices to be more evidence-based.

Report Format

Following this brief introductory overview, the report format is as follows. The second section report describes the schedule of the Integrated Monitoring to be conducted by the DOE and DOH during the upcoming year. Complexes and Family Guidance Centers conduct this evaluation of system performance through aggregated data and results of case-based reviews. Community members also participate in the reviews that continue to provide information for local service delivery improvements. Future reports written for public consumption will combine information on Internal Reviews and the Statewide Quality Assurance system into a new section titled Integrated Accountability System.

The third section presents information specific to the DOE. This section has two major sections: Infrastructure and Performance.

The fourth and fifth sections contains information specific to the Department of Health (DOH). Within this section are reports from Child and Adolescent Mental Health Division and Early Intervention Services.

Within each of the sections, primarily in the summary, the Departments include their specific commitments to address issues that are identified. For issues related to Integrated Performance Monitoring, both Departments make the improvement commitments jointly.